

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO <b>10/030226</b>	FILED DATE					
						APPLICANT(S)						
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					51					
2		1					52					
3		2		2			53					
4		2		2			54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1		2			66					
17							67					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		1		1			TOTAL IND.		1			
TOTAL DEP.			17	25		17	TOTAL DEP.		1			
TOTAL CLAIMS		18		26		18	TOTAL CLAIMS		1			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831